National Mental Health Consumer & Carer Forum response to the Consultation Draft National Mental Health Workforce Strategy

Background

The Australian Government has engaged ACIL Allen to support an independent Taskforce to develop a ten-year National Mental Health Workforce Strategy. The Strategy will consider the quality, supply, distribution and structure of the mental health workforce; and will identify practical approaches that could be implemented by Australian governments to attract, train and retain the workforce required to meet the demands of the mental health system in the future.

Development of the Strategy is being overseen by an independent National Mental Health Workforce Strategy Taskforce which comprises representatives from across the mental health sector.

A Consultation Draft Strategy has been developed, supported by a Background Paper that summarises the evidence on which the Consultation Draft Strategy is based. The Taskforce is seeking comment on the Consultation Draft Strategy.

A final Strategy will be provided to Government in late 2021.

Feedback from the NMHCCF

The feedback sought responses to specific consultation questions, provided via an online portal. The response from the National Mental Health Consumer and Carer Forum (NMHCCF) is shown below.

Questions

1. To what extent does the aim of the draft Strategy address the key challenges facing Australia's mental health workforce?

The aim of the Strategy focusses on a mental health workforce to address the <u>support</u> as well as treatment needs of people. However, what is then in the body of the draft Strategy continues to focus on a more 'clinical' model of treatment

with a traditional focus on mental health care service delivery rather than an innovative approach to developing a mental health workforce that is trained for and capable of addressing the broader social determinants of health which impact the mental health and wellbeing of Australians and delivers the support services required.

2. To what extent do the aim and objectives provide a strategic framework to develop the mental health workforce the Australian community needs?

The aims and objectives appear to be focussed on the need for immediate solutions to address the identified 'workforce' shortages rather than consideration of long-term strategies to address current and future workforce shortages across the sector addressing the support needs of people.

The focus is on clinical health professionals, with some references to Peer Workers and Traditional Healers but no obvious linkages to community support workers who may currently be employed outside the health sector such as justice, employment, housing, education and family relationship workforces.

3. Are there any additional priority areas that should be included?

The NMHCCF believes that a broader view of the 'mental health workforce' is required to appropriately address the mental health and wellbeing of Australians.

However, give the range of mental health and psychosocial disability reform being undertaken at this time the NMHCCF believes it is premature to review the priority areas.

4. The draft Strategy seeks to balance the need for nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges across occupations and settings (public, private and community-based). To what extent does the draft Strategy achieve an appropriate balance?

The NMHCCF supports the concept of nationally consistent approaches that support the reform agenda with sufficient flexibility for states, territories and service providers to pursue priorities that reflect their specific contexts and challenges.

However, while the Draft Strategy does not endorse any specific model of care it ends up in a default situation of supporting the clinical model as its default model. What is required is time to identify, expand and develop a relevant and sustainable workforce outside clinical health professions for new models of care. This would

include the peer workforce and other workers in the community sector addressing important support areas for people to maintain good mental health and wellbeing.

5. The draft Strategy provides a high-level roadmap to improve the attractiveness of careers in mental health, with implementation approaches differing across occupations and locations. To what extent does the draft Strategy provide a useful approach to addressing issues that impact on the attractiveness of the sector?

Priority Area 1.3 – Addressing the stigma and negative perceptions associated with working in mental health does not seem to be articulated with the level of importance required. This issue has been a long standing one and needs significant effort to make any real changes to the mental health workforce numbers.

Further, the draft Strategy acknowledges the issue of the mental health workforce dealing with stigma and discrimination but doesn't address the need to reduce stigma among health workers and the need for education to promote empathy and reflective practice.

These approaches seem to be focussed on the mental health and wellbeing of the workforce but will these workforce models support the mental health and wellbeing of individuals, and their families and carers?

6. A key issue for the mental health workforce is maintaining existing highly qualified and experienced workers. To what extent does the draft Strategy capture the key actions to improve retention?

The NMHCCF has identified several issues relating to the retention of the mental health workforce:

- The actions proposed appear to be predicated on a perception that jobs will last forever. Who is funding the expansion and ongoing training and development and for what timeframe?
- It is important to identify role models. Mental health commissioners with lived experience provide a valuable example of ways to retain and expand the workforce
- It is important to support the retention of the mental health workforce without undercutting the other sectors such as justice and/or education
- Siloing of mental health within health is problematic; we might be working towards the same outcomes but in a siloed way which seems to be inefficient. also neglects the intersectionality and provision of suitable sustainable workforce with skills and abilities to provide services for a population with co-occurring physical health, age, disability, substance misuse and mental health needs.

7. The Productivity Commission and other inquiries have identified the importance of improving integration of care, and supporting multidisciplinary approaches. How can the Strategy best support this objective?

The NMHCCF strongly advocates for improved integration of care and multidisciplinary approaches. However, these need to be done with a focus on the future where innovative models of care that utilise a relevant and sustainable workforce outside mental health professions are the new models of care. These models work across the lifespan of an individual and do not focus on just one point in time as many current, reactive, clinical models of care do.

8. There are recognised shortages across the mental health workforce, including maldistribution across metropolitan/regional locations and settings. To what extent does the Strategy address the issues and supports required to improve workforce distribution?

The NMHCCF believes the Draft Strategy addresses many of the issues regarding workforce shortages and maldistribution for the current models of care. The approach is not future looking with an expanded workforce that takes a broader view of mental health and wellbeing and considers this from outside a purely 'health sector' approach.

There is more to be done to ensure that the workforce is also working in settings where it is able to meet the needs of specific population groups, such as those from Culturally and Linguistically Diverse backgrounds including refugees, people from Aboriginal and Torres Strait Islander backgrounds and those in rural and remote locations.

9. Adopting a broad definition of the mental health workforce provides a platform for innovation to ensure all occupations are able to work effectively. How can the Strategy encourage innovation in service delivery models and workforce optimisation approaches?

The NMHCCF believes this is a critical issue. To start it is important that the lens is from a consumer and family/carer perspective – what is required to ensure the mental health and wellbeing needs of the community are identified and met – and then establishing a workforce to meet these needs.

As stated earlier while the Draft Strategy does not endorse any specific model of care it ends up in a default situation of supporting the clinical model as its default model rather starting with consumer and family/carer needs and developing innovative models around meeting those needs.

10. Is there anything else you would like to add about the Consultation Draft?

The NMHCCF is greatly concerned that the completion of this Draft Strategy is progressing at a time when very significant reform is occurring in the mental health sector.

The NMHCCF believes that the finalisation of the Draft Strategy should be paused while other mental health reform activities are being progressed which will provide a clearer direction on the scope and perspective of the Strategy. The NMHCCF requests that the National Mental Health Commission lead the Draft Strategy work following the pause in order to ensure that there is alignment between Vision 2030 and the workforce strategy that should be broader than a traditional health workforce,

Other matters the NMHCCF believe to be important and require consideration include:

- Issues are clearly articulated at the beginning of the Draft Strategy in describing the 'problem' but the solutions identified in the Draft Strategy do not address all the problems. For example, the needs of the CALD communities / first responders, issues arising for individuals from natural disasters which are ongoing, lifespan issues are not included in the body of the document
- The issues around the Lived Experience (including consumer and carer peers) workforce as an emerging workforce need to be captured and the regulatory framework for peer workers, including a national professional body, be progressed.
- There is a need for quality supervision arrangements, education and training, including for the educators/trainers; possibly more strict training/criteria to be registered as trainers.
- There is a need to ensure a broad range of pathways for training are available to meet the differing roles required in mental health. For example, peer workforce is often seen as an 'entry level' position but needs to have career pathways established.
- The Draft Strategy needs to include content about trauma-informed training for the current workforce not just the future workforce
- Language is sometimes misused. The use of narrative language is so much more person-centred rather than using clinical terms that are difficult to understand.

- Has the work progressed by Health Workforce Australia been considered when developing the Draft Strategy?
- The Draft Strategy seems to respond to a series of crises at a point in time rather than taking a longer term approach that is strategic and innovative and addresses the support and treatment needs of all Australians.